

Application Information

Application Number:: 10/733,647

Filing Date:: December 12, 2003

Application Type:: Regular

Subject Matter:: Utility

Suggested Classification::

Suggested Group Art Unit::

CD-ROM or CD-R?::

Number of CD Disks::

Number of Copies of CDs::

Sequence Submission?::

Computer Readable Form

(CFR)?::

Number of Copies of CFR::

Title:: BLOW CYLINDER WITH FLUID CUSHION

Attorney Docket Number:: 29953-187825

Request for Early Publication?::

Request for Non-Publication?::

Suggested Drawing Figure:: 2

Total Drawing Sheets:: 2

Small Entity?::

Latin Name::

Variety Denomination Name::

Petition Included?::

Petition Type::

Licensed US Govt. Agency::

Contract or Grant Numbers::

Secrecy Order in Parent Appl.::

Applicant Information

Applicant Authority Type:: Inventor

U.S.A. **Primary Citizenship::**

U.S.A. Country::

Full Capacity Status::

Given Name:: Marshall

Middle Name::

Family Name:: MILLER

Name Suffix::

City of Residence:: Oil City

State or Province of Residence:: Pennsylvania

Country of Residence:: U.S.A.

505 E. 3rd Street **Street of Mailing Address::**

Pennsylvania

City of Mailing Address:: Oil City

State or Province of Mailing

Address::

Country of Mailing Address:: U.S.A.

Postal or Zip Code of Mailing 16301

Address::

Applicant Authority Type:: Inventor

Primary Citizenship:: U.S.A.

Country:: U.S.A.

Status:: **Full Capacity**

Given Name:: Bernie

Middle Name::

Family Name:: KLINGENMAIER

Name Suffix::

York City of Residence::

State or Province of Residence:: Pennsylvania

Country of Residence:: U.S.A.

Street of Mailing Address:: 3120 Skylight Drive West

City of Mailing Address:: York State or Province of Mailing Pennsylvania Address:: Country of Mailing Address:: U.S.A. Postal or Zip Code of Mailing 17402 Address:: **Applicant Authority Type::** Inventor **Primary Citizenship::** Country:: Status:: **Full Capacity** Given Name:: Middle Name:: Family Name:: Name Suffix:: City of Residence:: State or Province of Residence:: **Country of Residence:: Street of Mailing Address::** City of Mailing Address:: State or Province of Mailing Address:: **Country of Mailing Address::** Postal or Zip Code of Mailing Address:: **Applicant Authority Type::** Inventor **Primary Citizenship::** Country:: Status:: **Full Capacity** Given Name:: Middle Name::

Family Name::

| | Name Suffix:: | | | | | | | |
|---|---|--------------|------------------------|---------------|----------------------|--|--|--|
| | City of Residence:: | | | | | | | |
| | State or Province of | Residence:: | | | | | | |
| | Country of Residenc | e:: | | | | | | |
| | Street of Mailing Add | lress:: | | | | | | |
| | City of Mailing Addre | ess:: | | | | | | |
| • | State or Province of Address:: Country of Mailing A | • | | | | | | |
| | Postal or Zip Code of Address:: | | | | | | | |
| | Correspondence I | nformation | | | | | | |
| | Correspondence Cus Number:: | stomer | 26694 | | | | | |
| | Phone Number:: | | 202-344-4000 | | | | | |
| | Fax Number:: | lumper:: | | 202-344-8300 | | | | |
| | E-Mail Address:: | | KGHADDAWAY@VENABLE.COM | | | | | |
| | Representative Information | | | | | | | |
| | Representative Custo Number:: | omer | 26694 | | | | | |
| | Domestic Priority Information | | | | | | | |
| | Application:: | Continuity T | ype:: | Parent | Parent Filing Date:: | | | |
| | | Continuation | n of | Application:: | | | | |
| | | Continuation | n of | | | | | |
| | | Continuation | n of | | | | | |
| | | | | | | | | |

Continuation of

Foreign Priority Information

| Country:: | Application Number:: | Filing Date:: | Priority Claimed:: |
|-----------|----------------------|---------------|--------------------|
| | | | |
| | | | |

Assignee Information

Assignee Name:: Graham Packaging Company L.P.

Street of Mailing Address:: 2401 Pleasant Valley Road

City of Mailing Address:: York

State or Province of Mailing PA

Address::

Country of Mailing Address:: U.S.A.

Postal or Zip Code of Mailing 17402 Address::